



# EmployeeUPDATE

*Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.*

A monthly publication for employees of the North Carolina Department of Health and Human Services

## Flexible Furlough plan means less pay for May and June

Governor Beverly Perdue has declared a "Flexible Furlough Program" that will result in the reduction of 0.5 percent (1/2 percent) of an employee's annualized amount of pay (i.e., monthly salary or hourly pay).

The program affects all full-time, temporary and hourly employees whose salaries are paid from money appropriated by the 2008 Appropriations Act of the General Assembly.

The amount of the deductions is based on 0.5 percent (1/2 percent) of the annualized salary paid to the employee during FY 2008-2009; and will be deducted from the May and June paychecks.

Permanent full-time employees will be credited with 10 hours of flexible time off. Flexible time off must be taken between June 1 and Dec. 31, 2009, based



Governor Beverly Perdue

on supervisory approval. Permanent part-time employees will be credited on a pro-rated basis (toward flexible time off). Temporary employees are not eligible for flex time off.

The 10-hour flex time off may not be used to make up time for adverse weather leave.

The program will not affect health insurance benefits, retirement, longevity, unused leave, and service credit. It also will not affect shift premium pay.

For additional information regarding "Flexible Furlough" please see the Office of State Controller's information flyer at [www.osc.nc.gov/BEST/flexible\\_furlough.pdf](http://www.osc.nc.gov/BEST/flexible_furlough.pdf). ■

**See Flexible Furlough FAQs on pages 2-4**

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# Flexible Furlough program

## Frequently Asked Questions

*Most of the following frequently asked questions are applicable to the majority of SPA employees working standard schedules. Employees working other work schedules may receive more specific responses from their HR Office.*



**What is the program?** The Flexible Furlough Program reduces all teachers and state employees' paychecks in May and June of this year by an annualized amount equivalent to 0.5 percent over the remainder of the fiscal year. Full-time employees will be credited with 10 hours flexible time off.

**What do I receive in return for the money being deducted from my pay in May and June?** In return, each employee will receive 10 hours of flexible time off that can be taken between June 1, 2009 and Dec. 31, 2009. When an employee takes their time off, their pay will not be deducted any further beyond the 0.5 percent taken this fiscal year.

**When does the pay deduction start? When does it end?** It will start May 1 and end June 30, 2009.

**How long do I have to use the ten hours of time off?** You have from June 1, 2009 through Dec. 31, 2009, with supervisory approval, to schedule and use this time off.

**Will this reduce my base salary?** No, it will not permanently reduce your base salary. The deduction will be made only from your May and June 2009 paychecks during the period of the program. Once the program ends, the deduction will no longer be made.

**Will this affect my leave earning ability?** No, you will continue to earn leave at the rate you do now.

**Can I use vacation leave or bonus leave or comp time to cover the deduction in May and June?** No, you cannot substitute other leave to offset the pay deduction.

**How much money will be deducted from my paycheck?** Example: An employee's annual salary is \$40,000 and is paid monthly. The amount of the annualized 0.5 percent is \$200. The amount coming out of the employee's May and June paychecks is \$100 each month.

**FAQ, continued from page 2**

**Can I take my time off whenever I want? Does my supervisor have to approve my request to take this time off?** Your supervisor must approve any request for time off.

**What happens if I don't request time off?** Your supervisor is responsible for monitoring your use of time off, and may schedule you for time off if you do not request it.

**What if I don't like the time the supervisor schedules. Can I file a grievance about it?** No, supervisory decisions about approving or scheduling time off are not grievable.

**What happens if I don't request the time off and my supervisor doesn't schedule me for time off? Will I get the 10 hours of pay back?** No, if you do not request time off and your supervisor does not schedule it by Dec. 31, 2009, then you will lose the ability to take this time off.

**How will this affect my ability to earn overtime?** Supervisors will be strongly encouraged not to allow overtime in any week in which time off is scheduled. The total of leave, comp time, and work time should not exceed the hours of work normally scheduled.

**What happens if I leave state service before I use the time off?** Will money still be deducted from my paychecks in May and June? Yes, if you leave state service before you use the time off, monies will still be deducted from your May and June paychecks.

**Will the Flexible Furlough Program affect my benefits?** The General Assembly ratified House Bill 917 and the governor signed the bill on May 18, 2009 that protects employees' retirement and health insurance benefits for the duration of this program.

**Can I use the 10 hours of Flexible Furlough time off for the same purpose as vacation or sick leave?** Yes, with prior approval of the supervisor. The 10 hours may not be used to make up for current adverse weather balances.

**Can I use the 10 hours of flexible furlough time off to make up for adverse weather leave?** No.

**How will my agency track my use of this time off?** Each agency will be responsible for tracking the use of leave under this program.

**If I am paid for any overtime during May or June, how will my pay be impacted?** The hourly overtime rate will likely be slightly less during the months of May and June because the hourly overtime rate is, in part, based upon the money earned in those months.

**If I am paid Shift Pay during May or June, how will my pay be impacted?** Shift premium pay will not be impacted by the Flexible Furlough program.

**How many hours of time off do I get if I work part-time?** The number of hours of time off that part-time employees receive is proportional to the number of hours worked. For example, employees working 20 hours a week will earn 5.0 hours of time off, those working 25 hours a week will earn 6.25 hours of time off, and those working 30 hours a week will earn 7.5 hours time off.

**Will employees who are being separated in a RIF either May 31 or June 30 have the 0.5 percent deducted from their paychecks?** Yes, employees receiving a pay check in May and/or June will have the appropriate deduction made.

**Will employees who are being separated in a RIF either May 31 or June 30 be able to use the Flexible Furlough time off prior to being separated?** Flexible Furlough time off is not available to be used until June 1. People separated before June 1 cannot use Flexible Furlough time off.

**Is the salary continuation (injury leave) for law enforcement officers subject to the 0.5% reduction in May and June?** Yes.

**Will this program affect the amount of longevity I am supposed to receive?** No. The Flexible Furlough program will only affect your base pay in May and June, 2009. ■

# We all need to “Fight the Bite!”

State environmental and public health officials are reminding all North Carolinians that warmer weather and rain bring mosquitoes and ticks, which carry dangerous diseases. All North Carolinians are urged to take simple steps to prevent the threat of biting insects and reduce insect breeding conditions around the home.

“Spring rains and warmer weather provide ideal breeding conditions for mosquitoes and ticks,” said State Health Director Jeff Engel. “Ticks and mosquitoes can be more than just a nuisance – they can also make people seriously ill. Now is the time to fight the bite!”

Nolan Newton, chief of the Public Health Pest Management Section of the Division of Environmental Health, said that people can take steps to prevent illness.

“You can make your backyard a lot less tick-friendly,” Newton said. “Keep grass short and remove plants that attract wild animals like deer and rodents, which carry ticks.”

Newton said that removing any containers that hold water will take away mosquito breeding grounds.

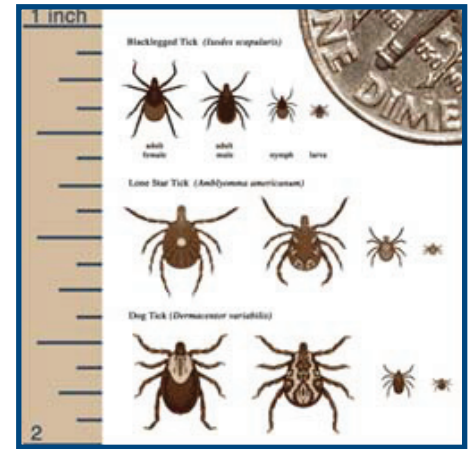
“Take a good look at your environment now, before the mosquitoes really start biting,” he added. “Things like bird baths, old tires, planters and even small containers like tin cans can give mosquitoes a place to thrive.”

Newton added that people should remember to make sure they tightly secure screens on all openings on rain barrels used for water conservation. A window screen makes an excellent screening mechanism on rain barrels to prevent breeding grounds for mosquitoes, while allowing you to continue your conservation efforts.

Engel and Newton said that insect repellent also can be useful, particularly against mosquitoes. The Centers for Disease Control and Prevention recommends several repellents against mosquitoes – DEET, picaridin and oil of lemon eucalyptus. According to the CDC, oil of lemon eucalyptus should not be used on children under three years old. Repellents containing permethrin provide excellent protection against ticks but may only be used on clothing. Consumers should look for products that contain the CDC-recommended ingredients, and should read and follow all label instructions.

Exposure to both mosquitoes and ticks can be limited by wearing long-sleeved shirts, long pants and socks. People should also check themselves and their families for ticks when they are in tick-prone areas.

Proper and prompt removal of ticks is the key to preventing infection. Use fine-tipped tweezers to remove ticks, getting as far forward near the head as possible and pulling steadily. Note the day you removed the tick on a calendar. If you become ill in the next three weeks, be sure to tell your physician the date you removed the tick.



Courtesy of CDC

Rocky Mountain spotted fever is the most common tick-borne illness in North Carolina. According to the N.C. Division of Public Health, 515 cases of Rocky Mountain spotted fever were reported in North Carolina in 2008. The state also has other tick-borne illnesses. Last year, North Carolina had 59 reported cases of Lyme disease and 41 reported cases of ehrlichiosis. Tick-borne diseases occur statewide.

La Crosse virus is the most common mosquito-borne illness. La Crosse virus is found mostly in western North Carolina. Two other mosquito-borne diseases, Eastern equine encephalitis and West Nile virus, are also found in North Carolina. While Eastern equine encephalitis is found largely in the eastern part of the state, West Nile virus is found statewide.

For additional information on mosquitoes and ticks, visit the following Web sites: [www.deh.enr.state.nc.us/phpm](http://www.deh.enr.state.nc.us/phpm), [www.epi.state.nc.us/epi/arbovirus](http://www.epi.state.nc.us/epi/arbovirus) and [www.epi.state.nc.us/epi/tick](http://www.epi.state.nc.us/epi/tick). ■

# THE Cultural Competency CORNER

*By Gloria Sánchez, Latino Public Information Officer*



## ¿Habla español? The benefits of speaking few words in Spanish

Spanish is the most widely spoken language in the U.S. after English, and the number of Spanish speakers is rising. According to the United States Census Bureau, the U.S. is home to more than 45 million Hispanics, making it the world's second-largest Spanish-speaking community, only after Mexico and ahead of Colombia, Spain, and Argentina. Roughly half of all U.S. Spanish speakers also speak English.

In some part of the country Latinos are more “acculturated” – they have adopted behaviors, lifestyles, and the language of Americans; but in North Carolina this process is new, and a great number of Latinos still are monolingual – speaking only Spanish.

It is indisputable that language plays an important roll in the area of health and human services. It is key for breaking the ice with clients, exchanging information, providing health education and building trust. But what do you do when you cannot communicate with your patients or clients?

Certainly using language interpreters can make this process smoother, but you may not always have access to this service. The use of a professional interpreter can greatly facilitate communication but it can also affect the dynamics of communication and make it more difficult for you to build trust with your clients or patients.

Speaking a few words or sentences in Spanish that you might still remember from your college or high school years, can make a difference. Imagine Señora Ramirez being greeted into Dr. Johnson's office with a few welcoming words in Spanish: “Hola, soy el Doctor Johnson,” Probably, Señora Ramirez's face would light up immediately and she would feel right away more comfortable talking to the doctor. Yes, it would only take few words in your client's language to break the ice and begin to build trust. This shows them your willingness to help and get to know

them. Even though Señora Ramirez will soon figure out that that was all the Spanish that Dr. Johnson spoke, she will feel more relaxed to express herself and might even dare to practice the little English she has been learning. At this point, Dr. Johnson begins a more personal, culturally-sensitive relationship with his client.

Although English remains the primary language of most health and human services professionals, an increasing number of patients and clients speak Spanish or other languages. And despite the profound difficulties that you might have to communicate with some of the people you serve, being able to address your clients with a few welcoming words in their own language can strengthen your interaction with them, build trust and have a more rewarding cross cultural communication.

Hasta Pronto! ■



## 2009 Hurricane Season Opens

# Special needs require special preparation

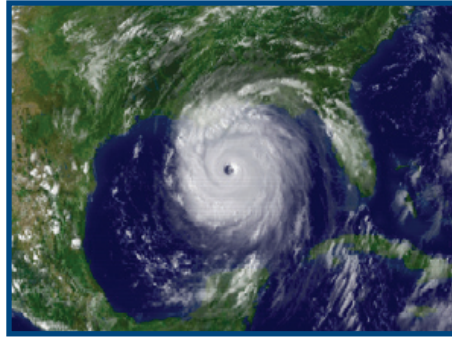
Do you or a family member have a disability? Will you be responsible for the care of an elderly adult in case of an emergency or disaster? Do you have small children who will need extra supplies and care in the event of a disaster?

If the answer to any of these questions is “yes,” then you should consider now what extra steps to take in your disaster plan.

Residents should be mindful that disaster preparedness is not a “one size fits all” concept. Those with special needs require special preparations.

### General considerations for those with family members with disabilities:

- Make prior arrangements with your physician or check with your oxygen supplier about emergency plans for those on respirators or other electric-powered medical equipment. Be sure to have electrical back up for any medical equipment.
- Maintain a two-week supply of such items as dressings, nasal cannulas and suction catheters.
- Maintain a two-week supply of medications, both prescription and non-prescription.
- Keep copies of your medical records.
- Keep copies of prescriptions for medical equipment, supplies and medications.
- Keep extra contact lenses and supplies, extra eyeglasses and extra batteries for hearing aids.



Hurricane Katrina in Gulf of Mexico, 2005

- Make plans now to have accessible transportation in case of evacuation.
- Shelters may be limited in accommodations to meet some of the needs of those with disabilities. Prepare ahead of time to ensure that you will have what you need.

### Considerations for those with small children:

- Assemble extra items in your disaster supply kit such as diapers, baby formula, medications, favorite books, crayons and paper, puzzles, favorite toys, a favorite blanket or pillow, pictures of family and pets and any other items that will comfort your children.
- Remember that children’s fears often can stem from their imagination - fears they may be separated from family, someone will be injured or killed, or that they will be left alone. Communication is important in maintaining your children’s mental well-being in times of crisis.
- Also, keep a copy of your children’s immunization records, including the date of their last tetanus-diphtheria shot.

### Considerations for those who are responsible for the care of senior citizens:

- Remember to help seniors who live alone. They may need help evacuating from their home, preparing for a storm and dealing with the aftermath of a disaster.
- If an older adult lives in an assisted living facility or nursing home, you should contact the administrator to learn about the disaster plan for that facility.

### Other considerations:

- Hearing impaired - make special arrangements to receive warnings.
- Mobility impaired - plan for special assistance to get to a shelter.
- Single working parent - may need help to plan for disasters or emergencies.
- Non-English speaking - may need assistance planning for and responding to emergencies.
- People without vehicles - make arrangements for accessible transportation.
- Special dietary needs - take steps to ensure you maintain an adequate emergency food supply.

Additionally, people with special needs should create a network of neighbors, relatives, friends and coworkers to aid them in an emergency. Discuss needs and make sure everyone knows how to operate necessary equipment.

More information regarding disaster plans and planning for special needs can be found at [www.ready.gov](http://www.ready.gov) and [www.fema.gov](http://www.fema.gov). ■

## Wear purple to observe

# Elder Abuse Awareness Day on June 15

Each year, more than two million vulnerable and older adults are victims of abuse, neglect, and exploitation in the United States. Research has shown that older adults who are abused, neglected and exploited are three times more likely to die within 10 years than those who are not.

According to national statistics, elder abuse is grossly under reported because vulnerable and older adults who are being abused find it difficult to tell anyone due to shame and fear. Elder abuse affects men and women of all ethnic backgrounds and social status; it occurs in private residences and in facilities.

In 2008 there were more than 15,300 reports of abuse, neglect or exploitation of vulnerable and older adults made to North Carolina's 100 county departments of social services. Reports are made not only by doctors and other professionals but by family members and concerned citizens in our communities.

Anyone who suspects that a vulnerable or older adult is in need of protection is required by North Carolina General Statute (GS 108A-102) to report this information to the department of social services in the county where the adult resides.

North Carolina's older adults need citizens to support their safety, welfare, and dignity. As a show of unity supporters are asked to wear purple clothing on June 15. If interested, you can take an active role in protecting vulnerable and older adults:

- Don't ignore this problem. It's not going away.
- Report suspected abuse, neglect, or exploitation to Adult Protective Services in the North Carolina county where the adult lives. Contact information for county departments of social services is at this website:  
**[www.ncdhhs.gov/dss/local](http://www.ncdhhs.gov/dss/local)**
- Volunteer in local programs that provide assistance and support for vulnerable and older adults in your community and at long-term care facilities
- Educate yourself, family, and community about elder abuse by visiting the following websites:  
Elder Justice Coalition website: **[www.elderjusticecoalition.com](http://www.elderjusticecoalition.com)**  
National Center on Elder Abuse website: **[www.ncea.aoa.gov](http://www.ncea.aoa.gov)**  
National Adult Protective Services Association website: **[www.apsnetwork.org](http://www.apsnetwork.org)**  
National Long Term Care Ombudsman Association website: **[www.ltombudsman.org](http://www.ltombudsman.org)**  
North Carolina Division of Aging and Adult Services at **[www.ncdhhs.gov/aging](http://www.ncdhhs.gov/aging)** ■



June 15, 2009